

10/581208  
AP20 Rec'd PCT/PTO 01 JUN 2006

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: CD

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: METHOD FOR THE SUPPLYING AND  
INSTALLATION OF DEVICE-SPECIFIC  
FUNCTIONALITIES AND/OR DATA FOR THE  
FIELD DEVICES OF A DISTRIBUTED SYSTEM

Attorney Docket Number:: 1034193-000053

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Dirk

Middle Name::

Family Name:: JOHN

Name Suffix::

City of Residence:: Karlsruhe

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Nebeniusstr. 10,

City of Mailing Address:: Karlsruhe

**State or Province of Mailing Address::**

**Country of Mailing Address::** Germany

**Postal or Zip Code of Mailing Address::** 76137

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Germany

**Status::** Full Capacity

**Given Name::** Marco

**Middle Name::**

**Family Name::** FAHL

**Name Suffix::**

**City of Residence::** Schriesheim

**State or Province of Residence::**

**Country of Residence::** Germany

**Street of Mailing Address::** Max-Planck-Str. 25

**City of Mailing Address::** Schriesheim

**State or Province of Mailing Address::**

**Country of Mailing Address::** Germany

**Postal or Zip Code of Mailing Address::** 69198

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Germany

**Status::** Full Capacity

Given Name:: Peter  
Middle Name::  
Family Name:: WENDT  
Name Suffix::  
City of Residence:: Gardsen  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Malachitstrasse 4  
City of Mailing Address:: Gardsen  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 30823  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Achim  
Middle Name::  
Family Name:: LAUBENSTEIN  
Name Suffix::  
City of Residence:: Löhne  
State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Heidacker-weg 13

City of Mailing Address:: Löhne

State or Province of Mailing Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address:: 32584

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Tom

Middle Name::

Family Name:: Mueller

Name Suffix::

City of Residence:: Mentor

State or Province of Residence:: Ohio

Country of Residence:: United States

Street of Mailing Address:: 7170 Sanotree Lane

City of Mailing Address:: Mentor

State or Province of Mailing Address:: Ohio

Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 44060

## **Correspondence Information**

Correspondence Customer Number:: **21839**

Phone Number:: 703.836.6620

Fax Number: 703.836.2021

## **Representative Information**

Representative Customer Number:: **21839**

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application:: Parent Filing Date::</b>
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This Application is	National Stage of	PCT/EP2004/013749 12/03/04
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## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Germany	10357276.7	12/05/03	Yes

## **Assignee Information**

Assignee Name:: ABB Research Ltd.

Street of Mailing Address:: Affolternstrasse 52

City of Mailing Address:: Zurich

State or Province of Mailing

**Address::**

**Country of Mailing Address::** Switzerland

**Postal or Zip Code of Mailing  
Address::** CH-8050